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APPLICANTS

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**** CONTINUING DATA ******* *130004*
 This application is a CIP of 08/738,332 10/25/1996 PAT 6,007,510

**** FOREIGN APPLICATIONS ******* *WU*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]*
 Examiner's Signature Initials

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TITLE
 Sutureless implantable device and method for treatment of glaucoma

FILING FEE RECEIVED 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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